Connecticut

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Connecticut

As of July 2003, 378,961 people were covered under Connecticut Medicaid/SCHIP programs. There were 364,692 enrolled in the Medicaid program and 14,269 enrolled in the separate SCHIP program. In State fiscal year 2002, Connecticut spent $2.6 billion to provide Medicaid services.

The State HUSKY program provides health coverage to families and children under Medicaid and SCHIP through comprehensive managed care organizations (MCOs). The HUSKY program is divided into three parts: HUSKY A for Medicaid beneficiaries; HUSKY B for SCHIP separate program enrollees; and HUSKY Plus for special needs children enrolled in HUSKY B. As of July 2003, there were 364,692 Medicaid beneficiaries in the Medicaid program, with 287,442 of them enrolled in MCOs.

Among families and children, eligibility for Medicaid and the separate SCHIP program is as follows:

- The Medicaid program covers children up to age 19; pregnant women who have family incomes up to 185 percent Federal Poverty Level (FPL); and adults with dependent children in families with incomes up to 100 percent FPL.
- The separate SCHIP plan covers uninsured children up to age 19 in families with incomes between 185 and 300 percent FPL. Children in families with higher incomes can buy into the program if they have no other source of coverage.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. People who would have been eligible under Aid to Families With Dependent Children (AFDC) as of July 16, 1996, with incomes less than 100 percent FPL.
2. Pregnant women and infants from families with incomes of no more than 185 percent FPL.
3. Children under age 19 with family incomes up to 185 percent FPL.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

1. Aged, blind, and disabled who meet the Supplemental Security Income (SSI) definition of disability, other than substantial gainful activity, and earn no more than a State-established standard that is lower than the Federal standard for receipt of cash assistance.
2. Individuals aged 16–64 who meet the SSI definition of disability and earn less than $75,000 per year. Those with earnings of more than 200 percent FPL must pay a

premium of 10 percent of their income in excess of that figure, minus the cost of out-of-pocket medical insurance.

3. Aged, blind, and disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. This definition includes those residing in nursing facilities, or Intermediate Care Facilities for People with Mental Retardation (ICF-MRs).

Medically Needy

Members of the following groups may qualify for Medicaid coverage as medically needy if they have sufficient medical expenses to reduce their income to a State-established income limit:

1. Pregnant women and newborn children
2. Children under age 21
3. Aged, blind, and disabled
4. Caretaker relatives

Waiver Populations

Connecticut does not have §1115 waivers.

What Mental Health/Substance Abuse Services Are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Connecticut Medicaid covers and the coverage requirements for those services. The services are presented as they are grouped in the Medicaid State plan that Connecticut must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient psychiatric/substance abuse care	• An inpatient psychiatric service is psychiatric treatment provided under the direction of a psychiatrist in a psychiatric or other inpatient setting. • Inpatient mental health and substance abuse services include, but are not limited to, psychiatric evaluations and individual and group therapy sessions.	• Services must meet established requirements for medical necessity. Diagnostic, therapeutic, or treatment services must not be provided for experimental, cosmetic, research, social or educational purposes. – Inpatient services provided in an institution for mental disease are limited to beneficiaries over 65 or under 21.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient hospital services	• Substance abuse and mental health services that would be covered if provided in another setting may be provided by an	• Beneficiaries may receive no more than the following amounts of services without prior authorization from the Medicaid agency: – 13 psychiatric treatment visits in 90 days;

	outpatient hospital clinic • Services include, but are not limited to— – Psychiatric evaluations – Individual and group therapy sessions – Partial hospitalization/day treatment – Methadone maintenance – Psychological testing – Electoconvulsive therapy	or 26 visits in 6 months per patient, per provider – One psychiatric evaluation per year, per provider – One methadone maintenance program clinic visit per week • All psychological testing, electroconvulsive therapy and partial hospitalization/day treatment programs must be prior authorized by the Medicaid agency.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	Substance abuse and mental health services that are typically furnished by a physician in an office or in a physician home visit	Services are rendered by professionals acting within their scope of practice for services otherwise covered under the State plan, as described elsewhere in this profile.

Physician Services		
Service	Description	Coverage Requirements
Physician services	Physicians, including psychiatrists, may provide Medicaid-covered mental health and substance abuse services that are within their scope of practice, including— • Psychiatric evaluation • Psychotherapy, including—individual, group, family, hypnosis, and electroshock • Psychiatric consultation • Drugs • Admitting and inpatient services	• Beneficiaries may receive no more than the following amounts of services without the prior authorization of the Medicaid agency: – 13 therapy visits per calendar quarter, per treatment type, per provider – All treatment services to hospitalized patients – Four routine medical visits during any 12-month period for Medicaid patients residing in homes for the aged – One psychiatric evaluation in any 12-month period, per provider, per beneficiary – One psychiatric therapy visit of the same type per day, per beneficiary – One staff consultation for any beneficiary, per physician. • Hypnosis and electroshock therapy are covered only when personally provided by a psychiatrist.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Connecticut does not specify any mental health and substance abuse services covered under EPSDT. It will, however, cover any service needed to treat or ameliorate a condition identified in a screen as long as the service can be covered under Federal Medicaid law (even if the State has not chosen to cover the service).	• Service must be needed to ameliorate or treat a condition identified in an EPSDT screen. • Any program provider may deliver EPSDT services, but all providers must follow the EPSDT Medical Protocol and Periodicity Standard. • Beneficiaries must be under age 21.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements

Nurse practitioner services	Psychiatric nurse practitioners may provide Medicaid-covered mental health and substance services within their scope of practice, including— • Psychiatric evaluation • Psychotherapy, including individual, group, family, and hypnosis • Psychiatric consultation • Drugs • Admitting and inpatient services	• Beneficiaries may receive no more than the following amounts of services without the prior authorization of the Medicaid agency: – 13 therapy visits per calendar quarter, per treatment type, per provider – All treatment services to hospitalized patients – Four routine medical visits during any 12-month period for Medicaid patients residing in homes for the aged – One psychiatric evaluation in any 12-month period per provider, per beneficiary – One psychiatric therapy visit of the same type per day, per beneficiary – One staff consultation for any beneficiary per physician
Psychologists	Services provided by a licensed psychologist, including — • Evaluation • Individual, group, or family therapy	• The beneficiary must be under 21. • Beneficiaries may receive no more than the following amounts of service without the prior authorization of the Medicaid agency: – One diagnostic interview or psychodiagnostic evaluation procedure of the same type in any 12-month period, per psychologist, per beneficiary – One therapy visit of the same type per day – No more than two staff consultations for any beneficiary, per psychologist – 13 therapy visits per calendar quarter, per treatment type, per provider

Clinic Services		
Service	Description	Coverage Requirements
Free-standing alcohol abuse treatment center	Treatment and care for individuals who are dependent upon alcohol, including— • Evaluation • Individual and group therapy • Development of a plan of care	• Beneficiaries may only receive services from these providers when they are in the acute treatment and evaluation phase of treatment (usually occurring concurrently with detoxification). • Beneficiaries may receive no more than 10 days of treatment per episode of illness.
Mental health clinic health services	Mental health evaluation and treatment services provided in an independent mental health clinic, including— • Evaluation and testing • Treatment (individual, group, and family psychotherapy) • Methadone maintenance	• No beneficiary may receive more than the following amounts of service without the prior authorization of the Medicaid agency: – One therapy session of the same type per day, per clinic – One psychiatric/psychological evaluation in any 12-month period, per provider – 13 therapy visits per calendar quarter, per treatment type, per provider – One methadone maintenance program clinic visit, per week

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient psychiatric services	Psychiatric treatment services provided in an inpatient hospital setting	• All admissions must be approved through a certificate of need review by an interdisciplinary team certifying that the beneficiary needs an

		inpatient level of care. • Services may only be provided as part of an active individual plan of care that is reviewed every 30 days. • Beneficiaries must be under age 21.

Rehabilitative Services		
Service	Description	Coverage Requirements
School-Based Child Health (SBCH) Services	Services are provided through the State Department of Education (SDE) by or on behalf of local educational agencies (LEAs)	• Beneficiaries must receive services from a physician or other licensed practitioner acting within the scope of his or her practice under State law. • To receive services, beneficiaries must have a written plan of services (updated at least annually) and a permanent service record. • Beneficiaries can only receive services that are listed in the Department's fee schedule of SBCH services. • Payment for SBCH treatment services provided will be limited to the period covered by the written individualized education plan (IEP).
Private nonmedical institutions for rehabilitation to children	Services include rehabilitation, therapy, and medical services provided to residents	• Services must be provided by qualified institutions licensed by the State Department of Children and Families. • Services must be rehabilitative to qualify for coverage—that that are solely recreational or habilitative in nature are not reimbursable.
Psychiatric services to children, youth, and their families	• Community services for the primary purpose of diagnosis, treatment, or rehabilitation of individuals suffering from a mental disorder or a dysfunction related to a mental disorder • Provided only by organizations that meet State requirements and the definition of a psychiatric clinic and community mental health facility	• Services provided to an adult family member must be directly related to the child's or youth's treatment.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Includes the continuum of assessment, planning, linkage, support, and advocacy activities systematically carried out by a qualified case manager to assist and enable a beneficiary to gain access to needed clinical, medical, social, educational, and other services.	• Beneficiaries can only receive services that are medically necessary. • Beneficiaries must be chronically mentally ill. • For beneficiaries to receive services there must be documentation of compliance on file, including a written plan of services (updated at least annually) and a permanent service record. • Beneficiaries may only receive services from a qualified case manager.

Connecticut

Data as of July 2003

SCHIP Medicaid Expansion Program

Connecticut does not operate a SCHIP Medicaid expansion program.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The separate SCHIP program expands the coverage eligibility of children to the following:

- Children aged 0-18 from families with incomes greater than 185 percent Federal Poverty Level (FPL), but less than 300 percent FPL. If the family's gross income exceeds 235 percent FPL, the family must pay a monthly premium of $30–$50, depending on family size.
- Children aged 0-18 from families that earn more than 300 percent FPL may also participate in this program, but the family must pay the full cost of care and no Federal or State funding is used to cover these children.

What Mental Health/Substance Abuse Services Are Covered by the Separate SCHIP Program?

Benefits in separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State from among federally established options. In Connecticut, benefits in the separate SCHIP program are actuarially equivalent to the most generous among the three plans offered to State employees. Coverage specifics for mental health and substance abuse services that meet that benchmark are identified here: HUSKY B benefits are available to all children who participate in the separate SCHIP program; HUSKY Plus benefits are additional benefits that are only available to children—

- Who have significant psychiatric and/or substance abuse problems, problems in daily functioning, and intensive service needs that cannot be met fully within the HUSKY B health plan
- Are no more than 19 years old
- Require health and related services (not educational and recreational) of a type and amount not usually required by children of the same age

HUSKY B Benefits

Mental Health Services		
Service	Description	Coverage Requirements
Inpatient	Mental health treatment provided in an inpatient hospital setting, including partial hospitalization and extended day treatment	• No limits, except that enrollees may receive no more than 60 days of care for drug abuse treatment and 45 days for alcohol abuse treatment related to the following: – Mental retardation – Learning, motor skills – Communication and caffeine-related

Connecticut

Data as of July 2003

Mental Health Services		
Service	Description	Coverage Requirements
		disorders – Relational problems – Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders • Inpatient days are exchangeable with alternative levels of care, such as day treatment or partial hospitalization.
Outpatient	Mental health treatment services provided in a setting other than an inpatient hospital	• No limits, except enrollees may receive no more than 30 visits (at progressively lesser cost) for treatment related to the following: – Mental retardation – Learning, motor skills – Communication and caffeine-related disorders – Relational problems – Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders

Substance Abuse Services		
Service	Description	Coverage Requirements
Detoxification	The physiological process that results in the systematic reduction or elimination of alcohol or drugs from the body	• No limits
Inpatient	Substance abuse treatment services provided in an inpatient hospital setting	• No limits, except that enrollees may receive no more than 60 days of care for drug abuse treatment and 45 days for alcohol abuse treatment associated with the following conditions: – Mental retardation – Learning, motor skills – Communication and caffeine-related disorders – Relational problems – Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders
Outpatient	• Substance abuse treatment services provided in any setting other than an inpatient hospital • Specific opioid treatments such as methadone and/or levo-alpha-acetyl-methadol (LAAM) are covered	• No limits, except that enrollees may receive no more than 60 visits per calendar year for the following conditions: – Mental retardation – Learning, motor skills – Communication and caffeine-related disorders – Relational problems – Other conditions that may be the focus of clinical attention that are not defined as mental disorders in the American

		Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders

HUSKY Plus Benefits

Basic Benefit (Home and Community Services)		
Service	Description	Coverage Requirements
Care coordination	The Yale Child Study Center — • Provides assessment and case management • Develops, organizes, and pays a statewide network of providers	• All children in HUSKY Plus must receive these services. • Services are only covered when provided by a HUSKY Plus behavioral center.
In-home services	Child and adolescent psychiatric and substance abuse services provided in the home	• Services are only covered when provided by a HUSKY Plus behavioral center. • Beneficiaries may only receive services specific in a plan of care.
mobile crisis services	Program services include evaluation, diagnosis, crisis stabilization, clinical assessment and intervention provided in the home, school, emergency room, or other community setting by a behavioral health team, which includes a licensed behavioral health practitioner.	• Services are only covered when provided by a HUSKY Plus behavioral center. • Beneficiaries may only receive services specific in a plan of care.

Supplementary Coverage for HUSKY B services		
Service	Description	Coverage Requirements
Mental Health	Mental health services, including— • Outpatient • Intensive outpatient • Extended day treatment and partial hospitalization services	• These services are only available through HUSKY Plus when a child's HUSKY B mental health benefits are exhausted. • The child must be enrolled in HUSKY Plus.
Substance abuse	Outpatient substance abuse services	• These services are only available through HUSKY Plus when a child's HUSKY B substance abuse benefits are exhausted. • The child must be enrolled in HUSKY Plus.